

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>114 / 0</i>	FILING DATE <i>3-15-84</i>	
							CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2		1					52		
3		1					53		
4		21					54		
5		167					55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							61		
12							62		
13							63		
14							64		
15							65		
16							66		
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39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1						TOTAL IND.		
TOTAL DEP.	54	J	J	J	J	J	TOTAL DEP.	J	J
TOTAL CLAIMS	62-5						TOTAL CLAIMS		